
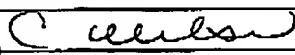


<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/285,249	<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b>
	Filing Date	April 2, 1999	
	First Named Inventor	Hendricks	<b>MAR 10 2006</b>
	Art Unit	2611	
	Examiner Name	Andrew Y. Koenig	
Total Number of Pages in This Submission	16	Attorney Docket Number	SEDN/5200

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b> It is believed no fee is due. However, in the event a fee is due, kindly charge that fee to Deposit Account No. 20-0782. To facilitate that charge, a duplicate copy of this letter is enclosed.		

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Firm	Patterson & Sheridan, LLP		
Signature			
Printed Name	Eamon J. Wall		
Date	3/10/06	Reg. No.	39,414


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Typed or printed name	C. Wilson	Date	3-10-06

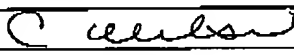
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Patterson & Sheridan, LLP		
Signature			
Printed Name	Eamon J. Wall		
Date	3/10/06	Reg. No.	39,414

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Signature			Date
Typed or printed name	C. Wilson	Date	3-10-06

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MAR 10 2006

**IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE****PATENT APPLICATION**

Applicant: **John S. Hendricks et al.**  
Case no.: **5200 (SEDN/5200)**  
Serial No.: **09/285,249** Filed: **4/2/99**  
Group Art Unit: **2611** Confirmation #: **3419**  
Examiner: **Koenig, Andrew Y.**  
Title: **PROGRAM DELIVERY SYSTEM FOR VOD**

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CAROL WILSON  
Name

3-10-06  
Carol Wilson  
Signature/Date

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE UNDER 37 C.F.R. 1.116**

In response to the final Office Action mailed January 11, 2006, please reconsider the above-identified patent application as follows.

The Commissioner is authorized to charge any fees due, including excess claim and extension fees, to Deposit Account 20-0782/SEDN/5200.

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